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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APP. NO. **09/744527**

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1					
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9	1					
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TOTAL IND.	1		5		1	
TOTAL DEP.						
TOTAL CLAIMS	1		5		1	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.	1		1		1	
TOTAL DEP.						
TOTAL CLAIMS	1		1		1	

BEST AVAILABLE COPY